

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: CONFIGURING AND TESTING TREATMENT  
THERAPY PARAMETERS FOR A MEDICAL  
DEVICE SYSTEM

Attorney Docket Number:: 11738.00133

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence  
State or Province of mailing address:: KS

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Naresh  
Middle Name:: C.  
Family Name:: Bhavaraju  
Name Suffix::

City of Residence:: Mission  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 6909 W.51<sup>st</sup> Place  
Apt. 3B  
City of mailing address:: Mission  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66202

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: E.  
Family Name:: Peters  
Name Suffix::

City of Residence:: Lawrence  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 1300 Rhode Island Street

City of mailing address:: Lawrence

State or Province of mailing address:: KS

Country of mailing address:: US

Postal or Zip Code of mailing address:: 66044

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Randy

Middle Name:: M.

Family Name:: Jensen

Name Suffix::

City of Residence:: Hampton

State or Province of Residence:: MN

Country of Residence:: US

Street of mailing address:: 23080 Conrad Avenue

City of mailing address:: Hampton

State or Province of mailing address:: MN

Country of mailing address:: US

Postal or Zip Code of mailing address:: 55031

## **Correspondence Information**

Correspondence Customer Number:: 22908

## **Representative Information**

Representative Customer Number:: 22908

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,817	09/19/03
This Application	Non-Provisional of	60/418,623	10/15/02

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway, NE  
MS-LC340  
City of mailing address:: Mineapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432